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PTO/SB/22 (07-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).)		Docket Number (Optional) 63139(47992)	
Application Number 10/533,459-Conf. #3076		Filed May 2, 2005	
For METHODS AND COMPOSITIONS FOR THE DIAGNOSIS OF NEUROENDOCRINE LUNG CANCERS			
Art Unit 1636		Examiner C. X. Qian	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,624</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____ Signature		February 9, 2010 Date	
Jonathan M. Sparks, Ph.D. Typed or printed name		(617) 517-5543 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required. See below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

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